

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033695

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8696

FILED SEP 12 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
ST. LOUISLength of stay in 1b  
1 day2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE ILLINOIS b. COUNTY ST. CLAIRc. CITY  
OR  
TOWN  
DUPOInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Louis - Little Rock Employee'sInside Limits  
Yes ☒ No ☐d. STREET ADDRESS  
(If outside, give location)  
508 N. 2nd. StreetReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

CHARLES

Middle

HALLER

Last

4. DATE  
OF  
DEATH

Month

Day

Year

August 27, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

25 Sept. 1873

## 9. AGE (last birthday)

89

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Oiler10b. KIND OF BUSINESS OR INDUSTRY  
Missouri Pacific Railroad11. BIRTHPLACE (City and state or country)  
New Hanover, ILLINOIS12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

George HALLER

## 13b. MOTHER'S MAIDEN NAME

Do Not Know

## 14. NAME OF HUSBAND OR WIFE

Hulda Victoria

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address 508 N. 2nd. St.  
Dupo, Illinois

Mrs. Bertha PLEW

Dupo, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Atherosclerosis with  
ThrombosisConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

1140 A

and last saw her  
him alive on

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

## 22b. ADDRESS

1300 Clark Ave.

## 22c. DATE SIGNED

8-28-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

28 August 63

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 23d. LOCATION (City, town, or county)

Waterloo, Illinois

## 24. FUNERAL DIRECTOR

ADDRESS

Harold A. Dashner Dupo, Illinois

## 25. DATE RECD. BY LOCAL REG.

AUG 28 1963

## 26. REGISTRAR'S SIGNATURE

Helen L. Taylor M.D.

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold A. Doshner

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.